

Fracture Dislocation of Lower Cervical Spine

Fracture-dislocation of the [subaxial cervical spine](#) is a severe traumatic lesion, most frequently resulting in tetraplegia. Treatment is usually painful and time consuming.

A retrospective study evaluated the clinical curative effect of immediate reduction under general anesthesia and single-staged anteroposterior spinal reconstruction for fracture-dislocation of the lower cervical spine. Twelve cases of traumatic lower cervical spinal fracture-dislocation were retrospectively analyzed from January 2006 to December 2011. The injury level was C4/C5 in 4, C5/C6 in 5, and C6/C7 in 3 patients. The spinal cord function grades according to the American Spinal Injury Association impairment scale (2000 edition amended) before operation were as follows: grade A in 2 cases, grade B in 2 cases, grade C in 5 cases, grade D in 2 cases, and grade E in 1 case. On admission, all patients underwent immediate reduction under general anesthesia and single-staged anteroposterior spinal reconstruction by circumferential fixation/fusion. The spinal cord function grades according to American Spinal Injury Association after operation were as follows: grade A in 1 case, grade B in 1 case, grade C in 3 cases, grade D in 3 cases, and grade E in 4 cases. All 12 patients showed evidence of stability at the instrumented level on the final follow-up examination (mean follow-up, 3.7 y). Immediate reduction under general anesthesia followed by a single-stage combined anteroposterior spinal reconstruction is a safe and reliable way of treating patients with lower cervical spine fracture-dislocations ¹⁾.

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Shen Y, Shen HL, Feng ML, Zhang WB. Immediate Reduction Under General Anesthesia and Single-staged Anteroposterior Spinal Reconstruction for Fracture-Dislocation of Lower Cervical Spine. J Spinal Disord Tech. 2013 Dec 11. [Epub ahead of print] PubMed PMID: 24335725.

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